


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N26735 1. Entity Name NEPTUNE BY THE SEA HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 625 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266 US	Mailing Address 625 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266 US
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DO NOT WRITE IN THIS SPACE



03182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2893769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PITTMAN, CAROL
625 MCCOLLUM CIRCLE
NEPTUNE BEACH, FL 32266**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CAROL PITTMAN *CCP* **NO CHANGES** DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAZZOLA, ANTHONY 929 BIRCH COURT NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARKE, PATRICIA 538 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PITTMAN, CAROL 625 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENEHAN, TODD 619 FIFTH ST. NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/06/06-80061-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL PITTMAN **3/20/06** **904 246-6683**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #